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Death as a Way of Life: Russia's Demographic Decline

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On January 1, 1992, shortly after the Soviet Union collapsed, the population of the Russian Federation was 148.7 million. Today it has shrunk to 143.6 million, a decline of more than 5 million in a decade. Russia's overall mortality rate of 15.3 or 15.4 per 1,000 people, depending on the source, is the highest in Europe (the average rate in Europe is 9.5), and its birthrate is one of the lowest, 9.4 per 1,000 in 2002 (Europe's was 10.6 in 2001). The decline in the birthrate and the rise in the death rate have proved a devastating combination: Russia appears to be the first country in history to experience such a sharp decrease in births versus deaths for reasons other than war, famine, or disease.

In July 2000, in his first State of the Union address, President Vladimir Putin warned that Russia could lose another 22 million citizens over the next 15 years and degenerate from superpower to third world status. "We are facing the serious threat of turning into a decaying nation," he declared. Two years have passed since Putin issued his warning, and the situation has grown worse. Why is this happening, and why does the future remain so bleak?

THE SHRINKING POPULATION

Projections regarding the future of the Russian population are uniformly pessimistic. In March 2002 the State Statistical Committee (Goskomstat) predicted that by the end of 2050, the Russian population would shrink by 30 percent, from 143.6

million to 101.9 million. This, the committee said, was the "most probable forecast" of the country's demographic situation. But Goskomstat also offered best-case and worst-case scenarios: in the former, the population will fall to 122.6 million by 2050, while, in the latter, it would drop to 77.2 million, a reduction of almost 50 percent.

With male mortality four times that of females, the female-male ratio will increase steadily. According to Goskomstat's "most probable" scenario, the male population will fall by 32.2 percent by 2050, while that of females will drop by "only" 27.4 percent. (Roughly 58 percent of 16-year-old males are likely to live to the age of 60.)

Currently, Russia's death rate exceeds its birthrate by 70 percent. These figures produce "natural" increases and decreases—that is, changes brought about solely by shifts in the numbers of births and deaths. But such statistics are not indicative of the real expansion or contraction of the population, since they exclude emigration from Russia, as well as immigration into the country. In the past 12 months, the overall population loss has been 900,000 (even including a net in-migration of some 70,000 people), and the Ministry of Economic Development and Trade expects an additional drop of 700,000 in 2003, another 700,000 in 2004, and 600,000 in 2005.¹

The birthrate, which was already low, has fallen sharply since the final years of the Soviet Union: in 1990 it was 13.4 per 1,000 people, but by 1999 it had declined to 8.3. At the beginning of this year, however, the birthrate was 9.4, and Russian demographers expect the rise to continue, reaching 10.3 in 2005, primarily because citizens born during the Soviet "baby boom" are reaching marriageable age. Still, in 1988, a woman in the Soviet Union had an average of 2.2 children, while today, she has only

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¹In recent years, net in-migration has fallen dramatically. In 1997, immigration compensated for more than 45 percent of natural attrition, but in the first 10 months of 2001, the figure was below 8 percent.

1.2. Just to maintain the population by natural growth, that figure would have to increase by 2.1 or 2.2. Whether a relatively optimistic prognosis is warranted remains to be seen.

Infant mortality has also increased. When the Soviet Union fell in 1991, infant mortality was 17.8 per thousand live births. By 1993 it had risen to 19.9, and in 2001 it rose again, to 20.1. In view of the country's difficult conditions, numerous instances of premature births, low birth weights, extremely vulnerable infants, and a high rate of infant mortality are not surprising.

Russian public health authorities, like their Soviet predecessors, use a highly idiosyncratic definition of the term "infant mortality" to minimize the extent of the problem. Deaths within the first week after birth are frequently listed as miscarriages, or the births are not even reported. For example, infants weighing between 500 grams (8.8 ounces) and 1,000 grams (17.6 ounces) must be officially registered at a government office only if they survive longer than seven days. If an infant in this weight category is born alive but survives less than a week, the birth is not officially registered and is instead classified as a "late-term miscarriage" and not included in infant mortality statistics—a clear violation of World Health Organization (WHO) practices.

At the same time, life expectancy for both men and women in Russia is far lower than in any Western country. Among males, the change has been truly astonishing: the figure declined from 64.9 years in 1987 to between 57.1 and 58.3 in 1995 (again, figures vary according to source). In 1995, the nation ranked 135th in the world in male life expectancy; among women, it was 100th. (For the past 40 years or so, the nation's women have outlived men by about a decade, sometimes more; throughout this period, the male–female differential has been the highest in the world.) In August 2002, the Russian Academy of Science's Institute of Economic Forecasting released population forecasts. The most optimistic variant predicted that life expectancy for men would rise from the current 58.6 years to 59.8, and for women from the current 72.1 years to 73.6. But the population still will decline dramatically.

AN EPIDEMIC OF PUBLIC HEALTH PROBLEMS

The demographic crisis is a consequence of the numerous and deep-seated problems that plague Russia's health care system. A partial list includes a drastic deterioration in medical services, shortages of medical supplies, a decaying infrastructure, and

poorly trained and demoralized physicians and nurses. In addition, this troubled system now faces a series of public health concerns, including an alarming increase in tuberculosis (TB), extremely high levels of alcoholism, and the growing problems of drug abuse and HIV/AIDS.

Recent estimates put the number of Russians with TB at 88 per 100,000 people—a rate that dwarfs the European or American rate of 4 to 10 TB sufferers per 100,000. The number of those infected fell in 2001 by 3.2 percent among the general population, and by 13 percent in the prison system, where 10 percent of all inmates suffer from the disease. Still, some 30,000 Russians die of TB each year.

In the Soviet era, the entire population was required to undergo annual screenings for the disease—children at school, and adults at work. But universal screening came to an end with the collapse of communism. The new system of compulsory (employer-supplied) medical insurance does not require that citizens be tested for TB during their annual checkups. (In fact, few people pay an annual visit to the doctor. As a journalist remarked in the April 16, 2002 *Izvestiia*, "The universal preventive examinations that were regarded as one of the great achievements of Soviet medicine died along with Soviet medicine itself.") As a result, many TB cases escape the attention of the medical community, and the disease may not be detected until long after an individual has contracted—and spread—it. In 2001, the last year for which data are available, the Russian government's entire anti-TB budget was 900 million rubles, or approximately \$30 million.

The war in Chechnya also has contributed to the spread of the disease. Refugees fleeing the fighting are crowded into tent cities in the neighboring republic of Ingushetia, where they live in execrable conditions, sometimes without shelter, and are exposed to TB. Foreign doctors try to help, but they lack medications. One asserted that "We can only offer first aid and psychological help." Russian camp commandants refuse to accept responsibility, and Chechen citizens die.

Also contributing to the increase in TB are the millions of refugees who have entered Russia and who are more susceptible to tuberculosis than long-time citizens. At the same time, the number of homeless people has grown rapidly, and they too are far likelier to contract the disease than are other segments of the population. Finally, more than 1 million people are in labor camps, and they also show high TB-infection rates. The government, increasingly concerned, has announced plans to

TOBACCO'S TOLL

SMOKING HAS CAUSED considerable damage to the health and welfare of Russians. One study found that more than 45 percent of Russians smoke; a survey carried out by the Public Opinion Foundation suggested that of this total, 62 percent of men and 13 percent of women smoke. The latter study also found that there were only half as many smokers among respondents over 50 as there were in younger age groups (47 percent for people 35 and under, 43 percent for those aged 36 to 50, and 21 percent for those over 50). In the United States, 23.3 percent of individuals 18 years of age and older smoke.

Tobacco use in Russia contributes significantly to increased levels of morbidity and mortality among the population. Smokers have a perceptibly shorter life expectancy than nonsmokers—7 to 15 years shorter, depending on how heavily they smoke. It is estimated that among men under the age of 65, cigarettes are responsible for 90 percent of all deaths due to lung cancer, 75 percent of

all cases of bronchitis, and 25 percent of all instances of ischemic heart disease. Among long-term male smokers aged 40 to 59, the likelihood of sudden death is three to six times greater than among nonsmoking men of the same age.

The growth in the number of women who have begun smoking has further contributed to the crisis in public health. To the degree that miscarriages, stillbirths, infant mortality, and a wide range of early childhood diseases are a consequence of smoking by pregnant women, the rapid increase in smoking among females has been powerfully reflected in Russian health indicators.

Strong correlations have also been found between smoking and the probability, as well as the severity, of damage to fetuses. Children of smokers are likelier to emerge from the womb stillborn, premature, with lower-than-average birth weights, or with physical or mental defects. Pregnant women who smoke less than half a pack a day experience infant mortality rates that are roughly 20 percent higher than is the case with nonsmokers. *D. P.*

reduce the number of adult TB patients to 50 cases per 100,000 and childhood cases to 8 per 100,000.

FROM SEX, ALCOHOL, AND DRUGS . . .

Russia has also seen an explosion of sexually transmitted infections (STIs), a development with horrendous consequences, especially for young people. In April 2002, a leading physician noted, "[T]hirty years ago, we did not come across congenital syphilis. We first encountered it 10 years ago. Now students do not regard this as anything very much out of the ordinary." The result is seen, in part, in the huge number of birth defects afflicting Russian infants: in 2001, 14,000 of the 20,000 children who died before reaching their first birthday were born to mothers who suffered from an STI.

The largest risk group for STIs is children and teenagers, the principal "beneficiaries" of the sexual revolution. The incidence of syphilis among girls under the age of 14 increased 140 times between 1990 and 1997, and it continues to rise. Indeed, a prominent physician asserted recently to *Nezavisimaia gazeta* that "it is not prostitutes but adolescents who constitute the largest risk group for syphilis."

The problem of excessive alcohol use continues unabated and still has an adverse effect on the

country's population. One cannot help but agree with the assessment of Walter D. Connor, an American sociologist who in 1972 posited the existence of a Russian "drinking culture" that, "because of its extreme permissiveness both on quantity to be imbibed and on the situation and locations in which drinking is accepted or encouraged, leads to heavy drinking and frequent drunkenness."²

Russian commentators say that alcoholism has increased dramatically since the unraveling of the Soviet Union, but it is extremely difficult to obtain accurate figures on the number of alcoholics and on how much they or other Russians drink. According to Aleksandr Nemtsov of the Moscow Institute of Psychiatry, the average annual level of alcohol consumed from 1970 to 1999 was 14.6 liters per person, twice the level recorded in 1990. Official data suggest that there are 1,500 to 2,000 alcoholics per 100,000 people, but many say the true figure is three or four times higher. Whatever the precise number, most experts agree that per capita consumption is higher in Russia than in any other country. (In the United States, for example, consumption for 1998 was 9.55 liters per person.)

Nemtsov calls alcohol the "main culprit" in the decline in life expectancy in Russia, especially among males; corroboration comes from a study that shows that two-thirds of men aged 20 to 55 who died in recent years were drunk at the time of death. In Rus-

²Walter D. Connor, *Deviance in Soviet Society* (New York: Columbia University Press, 1972), p. 41.

sia, alcoholism and its associated diseases are the third-leading cause of death; only cardiovascular diseases and cancer take more lives. In fact, given the close correlation between heavy drinking and cardiovascular problems and cancer, many medical specialists are inclined to rank alcoholism first or second. (Russia's National Alcohol Association recently reported that alcoholism increased by 29.7 percent between 1999 and 2001.) Alcoholism has been termed the "great killer," with the life expectancy of an alcoholic typically 10 to 15 years lower than that of a nondrinker or social drinker.

Some analysts contend that the poor quality of alcoholic beverages available in Russia today (especially illegally produced *samogon*, or moonshine) contributes even more to health-related problems than does the quantity of beverages consumed. In 2001, 37,824 people died of accidental alcohol poisoning, largely because they consumed contaminated vodka. The figure for 2000 was 33,979, which means that the overall death rate per 100,000 people rose from 23.5 in 2000 to 26.2 in 2001.

Although alcohol abuse has received considerable public attention, the remarkable upsurge in the use of illegal drugs over the past decade or so has fueled Russia's health problems and exacerbated its demographic crisis. Since 1999, the number of "drug users" has been put at anywhere from 2 million to 5 million. Estimates for "drug addicts" have ranged from more than 1.5 million to 4 million. Various figures have been offered for how many users, abusers, or addicts are being treated—or are simply "registered" with public health or police agencies. On August 6, 2002 a health ministry official declared that the nonmedical use of drugs and psychotropic substances had "skyrocketed more than twentyfold in 10 years."

Confusion about the meaning of these various figures stems from the sloppy use of language: Russian sources often fail to distinguish between drugs and narcotics; drug use, drug abuse, and drug addiction; injecting drug users (IDUs); and other forms of drug abuse. Thus, a February 2000 report by the health ministry's chief expert on drugs, indicating that some 230,000 "drug addicts" are hospitalized annually in

Russia, leaves unanswered the question of how many other "addicts" remain unhospitalized.³

Whatever the actual number of drug users, including IDUs, in Russia, public health and internal affairs officials clearly regard the increase in drug use as threatening social stability and even national security. Of particular concern is the upsurge of IDUs, fueled primarily by cheap heroin that is placing many more drug abusers at risk of contracting HIV/AIDS. (The Customs Service contends that heroin, which enters Russia largely from Central Asia, has become the "unconditional leader of the Russian drug market.") Individuals frequently share syringes or needles to inject so-called Russian heroin, a cheap homemade mixture of liquid opium and vinegar or acetic anhydride. The substance often has a cloudy, muddy color; to clarify it, users add several drops of

their own blood to the "communal" pot from which they all partake. They then inject it into their own bodies, along with HIV or traces of any

other communicable disease present in the group. Until very recently, roughly 90 percent of all new HIV infections were among 16- to 29-year-old IDUs.

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... TO HIV/AIDS

Between January 1, 1987 (when the AIDS virus first appeared in the Soviet Union) and December 31, 2000, 83,054 individuals were diagnosed as HIV-positive. In 2001 the number of registered cases doubled, reaching 177,354. On August 6, 2002, Vadim Pokrovskii, head of the Federal Center for the Prevention and Treatment of HIV/AIDS (the AIDS Center), put the figure for registered HIV-positive citizens at 206,000.

But the figure for those "registered" with the state is misleading. Experts acknowledge that to determine the actual number of HIV-positive individuals, some sort of multiplier—suggestions cluster around 6 to 10—must be used, since those most likely to become infected avoid contact with the authorities. In particular, IDUs evade testing since they can be arrested simply for using drugs. WHO says the "true number" of Russian infections is 7 to 10 times the figure for those officially registered. In July 2002, when reporting that 205,000 cases of HIV had been registered, Pokrovskii added that the total number infected "could be eight to ten times higher."

More important, Russia has the world's highest rate of growth for new HIV cases—although the rate allegedly is declining. Between 1996 and 2001, the

³Almost none of the hospitalized addicts are provided "serious treatment." Because state medical institutions lack funds, only wealthy people generally receive proper medical attention—usually in private clinics abroad.

number of new infections increased on average by 2.4 times annually. In January 2001, Pokrovskii predicted that 2 million cases would occur by the end of the year; by 2005, he suggested, the total could reach 5 million (although more recently, he indicated that the "5 million" figure might not be reached until 2007). It is unclear whether the slowdown is real or the authorities are underreporting new cases.

Although, as noted earlier, roughly 90 percent of all new infections had been attributed to IDUS, Russian analysts recently have detected a change. In July, First Deputy Health Minister Gennady Onishchenko declared that "heterosexual transmission of AIDS is increasing." In 2000, those infected through male-female intercourse represented roughly 6 percent of all new cases, but in 2001, the number had grown to "as many as 15 percent."

In Russia, as in the United States, early initiation into sexual activity, multiple sex partners, unsafe sex, and injecting drug use are powerful risk factors for contracting HIV. One study of Moscow secondary-school students, carried out in the mid-1990s, found that 34.9 percent of all sexually active respondents had had four or more sex partners, and 5 percent were IDUS. "Given the incubation period of up to 10 years from the onset of the HIV infection to full-blown AIDS," the investigators observed in the *Journal of School Health*, "many HIV infections were introduced by sexual practices during adolescence."

Although high-quality condoms are now widely available nationwide (a dramatic change since the Soviet era), few men use them. A recent survey of 15- to 18-year-olds in St. Petersburg found that 40 percent of sexually active students had never used a condom. Another investigation, carried out among students in vocational schools, determined that "only 12 percent consistently used condoms and 74 percent rarely or never used condoms during sex." A third study, of Moscow teenagers, found that 58.3 percent had not used a condom the last time they had sexual intercourse.

Perhaps 25 percent of female sex workers are IDUS; other sources put the number of prostitutes in Moscow and Volgograd who inject drugs at between 25 and 35 percent. Toward the end of 2000, the AIDS Center suggested that 15 percent of the 70,000 sex workers in the capital were HIV-positive. After homosexuals, bisexuals, prostitutes, and IDUS have been infected, the virus now is moving into the general population.

Still, the government spends little money on HIV/AIDS education and prevention. In 1996 the Ministry of Health received no funds to administer such

programs. In 1997 the federal budget called for a mere \$8 million to be spent on AIDS prevention and treatment, and in 2002 Russia's entire anti-AIDS budget came to about \$6 million, of which \$3.3 million was assigned to treat those with full-blown AIDS. According to Pokrovskii, these funds are enough to finance the treatment of 300 individuals, while another "several dozen people are being treated at their own expense." More recently, Pokrovskii has said that only 500 of the 2,500 individuals with full-blown AIDS are receiving "adequate treatment."

To fill the gap left by the government's insubstantial efforts, Russian and foreign nongovernmental organizations have tried to curb the spread of HIV with sex-education programs, a variety of support measures for infected individuals, needle exchanges, and distribution of free condoms. Attempts to carry anti-drug and anti-AIDS messages to young people through the mass media have been stymied by the Russian Orthodox Church and other conservative institutions or politicians.

THINKING LONG TERM

The depopulation of Russia seems destined to worsen in the coming years, with major implications for the military, the workforce, personal and societal health, and even national security. Although relatively few people have died of AIDS—analysts at the State Committee for Sanitary and Epidemiological Control put the figure at 2,277 to date—virtually all those who are HIV-positive now will die within a decade because of the lack of antiretroviral drugs. Moreover, neither the politicians nor religious leaders, who are highly influential in the sphere of sex education, condom distribution, and needle exchanges, seem willing to take the necessary measures to lead their country out of the cul-de-sac in which it finds itself. The record regarding drug and alcohol abuse, smoking, and the spread of diseases such as TB is equally discouraging.

Some hopeful signs appear, however. Russia, now in its third year of economic growth, possesses an educated and skilled workforce, as well as a community of scientists, that could ameliorate the medical problems that have led to the demographic crisis. The self-destructive habits that literally consume many Russians conceivably could be alleviated by leadership, money, and the recognition that the situation in the public health sphere is doing untold damage. Russians sometimes are accused of thinking only in the short term, but a long-term perspective is indispensable. If current trends continue, Russians may find themselves on the endangered species list. ■